

The Caremark Primary/Preferred Drug List contains prescription brand name medicines that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with Caremark Inc. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber.



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Primary/ Preferred Drug List

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INFORMATION FOR THE PLAN PARTICIPANT

Your Benefit Plan provides you with a prescription benefit program that is administered by Caremark. Our goal is to cost-effectively provide high quality pharmaceutical care.

Effective ways to manage costs include using generic medicines and a drug list. Ask your doctor to authorize generic substitution whenever possible, to the extent it is medically appropriate.

When there is no generic available, there may be more than one brand name medicine to treat your condition. That is why we developed the Caremark Primary/Preferred Drug List. The brand name medicines listed in this brochure are a selected list of preferred medicines that are clinically appropriate and cost-effective to meet individual needs.

Ask your doctor to consider prescribing, when medically appropriate, a brand name medicine on this list when there is no generic or more than one brand name medicine available. Take this list along when you or a covered family member sees a doctor.

FOR YOUR INFORMATION:

- **Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.**
- For specific information regarding your prescription benefit coverage and co-pay* information, please visit our Web site at **www.caremark.com** and log in or contact a Caremark Customer Care representative.
- Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand name product or generic equivalent in place of your original prescription.

INFORMATION FOR THE HEALTHCARE PROVIDER

Your patient is covered under a prescription benefit plan administered by Caremark.

As a way to help manage healthcare costs, consider authorizing generic substitution whenever possible. If you believe a brand name product is necessary, please consider prescribing a brand listed in this brochure. Healthcare providers may direct questions about the list to a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.

Thank you for your professional cooperation in providing cost-effective quality healthcare.

FOR YOUR INFORMATION:

- **Generics should be considered the first line of prescribing.**
- **The drug list is not inclusive nor does it guarantee coverage, but represents a summary of prescription coverage.**
- **The plan participant's specific prescription benefit plan may have a different co-pay for specific products on the list.**
- **Unless specifically indicated, drug list products will include all dosage forms.**
- **To check coverage and co-payments for a specific medicine, log in to www.caremark.com.**

* Co-payment or co-pay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. All our employees are trained regarding the appropriate way to handle your private health information.

CAREMARK PRIMARY/PREFERRED DRUG LIST

ANTI-INFECTIVE
ANTIBACTERIALS
§ CEPHALOSPORIN
OMNICEF
§ ERYTHROMYCINS/MACROLIDES
BIAXIN XL
ZITHROMAX
§ FLUOROQUINOLONES
AVELOX
CIPRO SUSPENSION
CIPRO XR
LEVAQUIN
KETOLIDE
KETEK
§ ANTIFUNGAL
LAMISIL TABLET
ANTIRETROVIRALS
FUSION INHIBITOR
FUZEON
NON-NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITORS
RESCRIPTOR
SUSTIVA
VIRAMUNE
§ NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITORS
EMTRIVA
EPIVIR
HIVID
RETROVIR
VIDEX
ZERIT
ZIAGEN
NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITOR COMBINATIONS
COMBIVIR
EPZICOM
TRIZIVIR
TRUVADA
NUCLEOTIDE REVERSE-TRANSCRIPTASE INHIBITOR
VIREAD

PROTEASE INHIBITORS
AGENERASE
CRIVAN
FORTOVASE
INVIRASE
KALETRA
LEXIVA
NORVIR
REYATAZ
VIRACEPT
ANTIVIRALS
§ CYTOMEGALOVIRUS AGENT
VALCYTE
§ HEPATITIS AGENTS
BARACLUDE
COPEGUS
EPIVIR-HBV
HEPSERA
REBETOL
§ HERPES AGENT
VALTREX
§ INFLUENZA AGENT
TAMIFLU
ANTINEOPLASTIC
ALKYLATING AGENTS
ALKERAN
CEENU
LEUKERAN
MYLERAN
TEMODAR
ANTIMETABOLITES
THIOGUANINE
XELODA
MISCELLANEOUS AGENTS
HEXALEN
LYSODREN
MATULANE
TARGRETIN CAP
VESANOID
TYROSINE KINASE INHIBITORS
GLEEVEC
TARCEVA
HORMONAL ANTINEOPLASTIC AGENTS
ANTIANDROGEN
CASODEX

§ Generics are available in this class and should be considered as the first line of prescribing.

CAREMARK PRIMARY/PREFERRED DRUG LIST

ANTIESTROGENS	§ FIBRATE
FARESTON	TRICOR
FASLODEX	§ HMG-CoA REDUCTASE INHIBITORS
AROMATASE INHIBITORS	CRESTOR
ARIMIDEX	LIPITOR
AROMASIN	PRAVACHOL
FEMARA	NIACIN
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS	NIASPAN
LUPRON DEPOT	§ BETA-BLOCKERS
TRELSTAR	COREG
ZOLADEX	TOPROL-XL
CARDIOVASCULAR	§ CALCIUM CHANNEL BLOCKER
§ ACE INHIBITOR	NORVASC
ALTACE	CALCIUM CHANNEL BLOCKER/ANTIPEMIC COMBINATION
ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS	CADUET
LOTREL	§ DIGITALIS GLYCOSIDE
TARKA	LANOXIN PED ELIXIR
§ ADRENOLYTIC, CENTRAL	ENDOTHELIN RECEPTOR ANTAGONIST
CATAPRES-TTS	TRACLEER
ANGIOTENSIN II RECEPTOR ANTAGONISTS	NITRATES
ATACAND [#]	SUBLINGUAL
AVAPRO	NITROLINGUAL
COZAAR	§ TRANSDERMAL
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	NITRO-DUR
ATACAND HCT [#]	CENTRAL NERVOUS SYSTEM
AVALIDE	§ ANTICONVULSANTS
HYZAAR	CARBATROL
§ ANTIARRHYTHMICS	DEPAKOTE
RYTHMOL SR	DEPAKOTE ER
TIKOSYN	DILANTIN
ANTIPEMICS	GABITRIL
§ BILE ACID RESIN	KEPPRA
WELCHOL	LAMICTAL
CHOLESTEROL ABSORPTION INHIBITOR	NEURONTIN
ZETIA	TEGRETOL XR
	TOPAMAX
	TRILEPTAL
	ZONEGRAN

§ Generics are available in this class and should be considered as the first line of prescribing.

[#] Atacand should be reserved for participants who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

CAREMARK PRIMARY/PREFERRED DRUG LIST

ANTIDEMENTIA

ARICEPT
EXELON
NAMENDA
RAZADYNE
RAZADYNE ER

ANTIDEPRESSANTS

§ MISCELLANEOUS AGENT

WELLBUTRIN XL

MONOAMINE OXIDASE INHIBITORS (MAOIs)

NARDIL
PARNATE

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

LEXAPRO
PAXIL CR
ZOLOFT

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)**

CYMBALTA
EFFEXOR
EFFEXOR XR

§ ANTIPARKINSONIAN

COMTAN
MIRAPEX
REQUIP
STALEVO

ANTIPSYCHOTICS

ABILIFY
RISPERDAL
SEROQUEL
ZYPREXA

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER/NARCOLEPSY

ADDERALL XR
CONCERTA
METADATE CD
PROVIGIL
RITALIN LA
STRATTERA

HYPNOTIC, NON-BENZODIAZEPINE

AMBIEN

MIGRAINE

SELECTIVE SEROTONIN AGONISTS

IMITREX
RELPAK
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

§ MUSCULOSKELETAL THERAPY AGENT

SKELAXIN

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM
ANDROGEL

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITOR

PRECOSE

INSULINS

HUMALOG
HUMULIN
LANTUS
NOVOLIN
NOVOLOG

INSULIN SENSITIZERS

ACTOS
AVANDIA

INSULIN SENSITIZER/BIGUANIDE COMBINATION

AVANDAMET

MEGLITINIDE

PRANDIN

§ SULFONYLUREA

AMARYL

CAREMARK PRIMARY/PREFERRED DRUG LIST

SUPPLIES

ACCU-CHEK STRIPS AND KITS†
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH STRIPS AND KITS†

BISPHOSPHONATES

ACTONEL
FOSAMAX
FOSAMAX PLUS D

CONTRACEPTIVES

§ MONOPHASIC

YASMIN

§ BIPHASIC

MIRCETTE

§ TRIPHASIC

CYCLESSA
ORTHO TRI-CYCLEN LO
EXTENDED CYCLE

SEASONALE

TRANSDERMAL

ORTHO EVRA

VAGINAL

NUVARING

ESTROGENS

§ ORAL

CENESTIN
PREMARIN

§ TRANSDERMAL, ESTROGENS

CLIMARA
ESTRADERM
VIVELLE
VIVELLE-DOT

ORAL ESTROGEN/PROGESTIN

PREMPHASE

PREMPRO

VAGINAL

PREMARIN VAGINAL CREAM

FERTILITY REGULATORS

CETROTIDE
FOLLISTIM AQ
GANIRELIX
GONAL-F
OVIDREL

HUMAN GROWTH HORMONES

GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN
NUTROPIN AQ
SAIZEN

§ PROGESTIN

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATOR

EVISTA

§ THYROID SUPPLEMENT

SYNTHROID

GASTROINTESTINAL

§ ANTIEMETIC

MARINOL
TRANSDERM SCOP
ZOFTRAN ORAL

ANTI OBESITY – FAT ABSORPTION DECREASING AGENT

XENICAL

§ ANTISPASMODIC

NULEV

§ CHOLELITHOLYTIC

URSO

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

ASACOL
PENTASA

§ RECTAL AGENTS

CANASA
CORTIFOAM

§ LAXATIVE

KRISTALOSE

** Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

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† An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456.

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CAREMARK PRIMARY/PREFERRED DRUG LIST

PANCREATIC ENZYMES

CREON
ULTRASE
ULTRASE MT
VIOKASE

§ PROTON PUMP INHIBITORS

NEXIUM
PREVACID

PROTON PUMP INHIBITOR WITH ANTI-INFEKTIVE

PREVPAC

§ RECTAL STEROID

PROCTOFOAM-HC

SALIVA STIMULANT

EVOXAC

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

FLOMAX
PROSCAR

ERECTILE DYSFUNCTION PHOSPHODIESTERASE INHIBITORS

CIALIS
LEVITRA
VIAGRA

ALPROSTADIL AGENT

MUSE

§ URINARY ANTISPASMODICS

DETROL
DETROL LA
DITROPAN XL
OXYTROL

HEMATOLOGIC

§ ANTICOAGULANT

COUMADIN

PLATELET AGGREGATION INHIBITORS

AGGRENOX
PLAVIX

IMMUNOLOGIC

IMMUNOMODULATORS

INTERFERONS

INTRON A
PEG-INTRON
PEGASYS

INTERFERON/ANTIVIRAL COMBINATION

REBETRON

IMMUNOSUPPRESSANTS

ANTIMETABOLITES

AZASAN
CELLCEPT

§ CALCINEURIN INHIBITORS

NEORAL
PROGRAF
SANDIMMUNE

RAPAMYCIN DERIVATIVE

RAPAMUNE

NUTRITIONAL

FOLIC ACID COMBINATION

FOLTX

§ PRENATAL VITAMIN

PRENATE ELITE

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ATROVENT ORAL INHALER
SPIRIVA

ANTICHOLINERGIC/ BETA AGONIST

COMBIVENT
DUONEB

CAREMARK PRIMARY/PREFERRED DRUG LIST

ANTIHISTAMINE, LOW SEDATING

ZYRTEC[†]

§ ANTIHISTAMINE, NONSEDATING

ALLEGRA[†]

§ ANTIHISTAMINE/ DECONGESTANTS

ALLEGRA-D[†]
ZYRTEC-D 12 HOUR[†]

§ BETA AGONISTS

ACCUNEB
FORADIL
SEREVENT
XOPENEX

§ DECONGESTANT/ EXPECTORANT

ENTEX PSE

LEUKOTRIENE RECEPTOR ANTAGONIST

SINGULAIR

NASAL ANTIHISTAMINE

ASTELIN

§ NASAL STEROIDS

FLONASE
NASACORT AQ
NASONEX
RHINOCORT AQUA

STEROID/BETA AGONIST

ADVAIR

STEROID INHALANTS

FLOVENT
PULMICORT

§ XANTHINE

THEO-24

TOPICAL

DERMATOLOGY

§ ACNE

BENZACLIN
DIFFERIN
DUAC

RETIN-A MICRO

§ ACTINIC KERATOSIS

CARAC

§ ANTIBIOTICS

BACTROBAN
BACTROBAN NASAL

§ ANTIFUNGALS

LOPROX
MENTAX

ANTIPSORIATIC

DOVONEX
TAZORAC

IMMUNOMODULATORS

ELIDEL

PROTOPIC

§ LOCAL ANALGESIC

LIDODERM

§ ROSACEA

METROGEL
METROLOTION

§ STEROIDS

CORDRAN
DESOWEN OINTMENT
LUXIQ
OLUX
ULTRAVATE

MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALDARA
CONDYLOX

OPHTHALMIC

§ ANTIALLERGICS

ALREX
PATANOL
ZADITOR

§ ANTI-INFEKTIVE/ ANTI-INFLAMMATORY

TOBRADEX

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CAREMARK PRIMARY/PREFERRED DRUG LIST

§ ANTI-INFLAMMATORY, STEROIDAL

LOTEMAX

§ ANTI-INFLAMMATORY, NONSTEROIDAL

ACULAR

VOLTAREN

§ BETA-BLOCKER, NONSELECTIVE

BETIMOL

BETA-BLOCKER, SELECTIVE

BETOPTIC S

CARBONIC ANHYDRASE INHIBITORS

AZOPT

TRUSOPT

CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER

COSOPT

IMMUNOMODULATOR

RESTASIS

PROSTAGLANDINS

LUMIGAN

TRAVATAN

XALATAN

§ SYMPATHOMIMETIC

ALPHAGAN P

OTIC

ANTI-INFECTIVE

FLOXIN OTIC

§ ANTI-INFECTIVE/ ANTI-INFLAMMATORY

CIPRO HC

CIPRODEX

Your doctor's questions about this drug list may be answered by a Caremark pharmacist on our resource line toll-free at 1-800-282-2229.

For the most up-to-date Primary/Preferred Drug List visit www.caremark.com and log in.

QUICK REFERENCE BRAND PRIMARY/PREFERRED DRUG LIST

Generics should be considered the first line of prescribing.

A

ABILIFY

ACCU-CHEK STRIPS AND KITS

ACCUNEB

ACTONEL

ACTOS

ACULAR

ADDERALL XR

ADVAIR

AGENERASE

AGGRENOL

ALDARA

ALKERAN

ALLEGRA[†]

ALLEGRA-D[†]

ALPHAGAN P

ALREX

ALTACE

AMARYL

AMBIEN

ANDRODERM

ANDROGEL

ARICEPT

ARIMIDEX

AROMASIN

ASACOL

ASTELIN

ATACAND[#]

ATACAND HCT[#]

ATROVENT ORAL INHALER

AVALIDE

AVANDAMET

AVANDIA

AVAPRO

AVELOX

AZASAN

AZOPT

B

BACTROBAN

BACTROBAN NASAL

BARACLUDE

BD INSULIN SYRINGES AND NEEDLES

BENZACLIN

BETIMOL

BETOPTIC S

BIAXIN XL

C

CADUET

CANASA

CARAC

CARBATROL

CASODEX

CATAPRES-TTS

CEENU

CELLCEPT

CENESTIN

CETROTIDE

CIALIS

CIPRO HC

CIPRO SUSPENSION

CIPRO XR

CIPRODEX

CLIMARA

COMBIVENT

COMBIVIR

COMTAN

CONCERTA

CONDYLOX

COPAXONE

COPEGUS

CORDRAN

COREG

CORTIFOAM

COSOPT

Your specific prescription benefit plan design may not cover certain categories, regardless of their appearance in this document.

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[†] Higher co-payments may apply depending on the plan participant's specific prescription benefit plan. To find the co-payment under a specific plan, log in to www.caremark.com.

[#] Atacand should be reserved for participants who meet CHARM (Candesartan in Heart Failure - Assessment of Reduction in Mortality and Morbidity) trial criteria.

QUICK REFERENCE BRAND PRIMARY/PREFERRED DRUG LIST
Generics should be considered the first line of prescribing.

COUMADIN
 COZAAR
 CREON
 CRESTOR
 CRIXIVAN
 CYCLESSA
 CYMBALTA

D

DEPAKOTE
 DEPAKOTE ER
 DESOWEN OINTMENT
 DETROL
 DETROL LA
 DIFFERIN
 DILANTIN
 DITROPAN XL
 DOVONEX
 DUAC
 DUONEB

E

EFFEXOR
 EFFEXOR XR
 ELIDEL
 EMTRIVA
 ENTEX PSE
 EPIPEN
 EPIPEN JR
 EPIVIR
 EPIVIR-HBV
 EPZICOM
 ESTRADERM
 EVISTA
 EVOXAC
 EXELON

F

FARESTON
 FASLODEX
 FEMARA
 FLOMAX
 FLONASE
 FLOVENT

FLOXIN OTIC
 FOLLISTIM AQ
 FOLTIX
 FORADIL
 FORTOVASE
 FOSAMAX
 FOSAMAX PLUS D
 FUZEON

G

GABITRIL
 GANIRELIX
 GENOTROPIN
 GLEEVEC
 GONAL-F

H

HEPSERA
 HEXALEN
 HIVID
 HUMALOG
 HUMATROPE
 HUMULIN
 HYZAAR

I

IMITREX
 INTRON A
 INVIRASE

K

KALETRA
 KEPPRA
 KETEK
 KRISTALOSE

L

LAMICTAL
 LAMISIL TABLET
 LANOXIN PED ELIXIR
 LANTUS
 LEUKERAN
 LEVAQUIN

QUICK REFERENCE BRAND PRIMARY/PREFERRED DRUG LIST
Generics should be considered the first line of prescribing.

LEVITRA
 LEXAPRO
 LEXIVA
 LIDODERM
 LIPITOR
 LOPROX
 LOTEMAX
 LOTREL
 LUMIGAN
 LUPRON DEPOT
 LUXIQ
 LYSODREN

M

MARINOL
 MATULANE
 MENTAX
 METADATE CD
 METROGEL
 METROLOTION
 MIRAPEX
 MIRCETTE
 MUSE
 MYLERAN

N

NAMENDA
 NARDIL
 NASACORT AQ
 NASONEX
 NEORAL
 NEURONTIN
 NEXIUM
 NIASPAN
 NITRO-DUR
 NITROLINGUAL
 NORDITROPIN
 NORVASC
 NORVIR
 NOVOLIN
 NOVOLOG
 NULEV
 NUTROPIN
 NUTROPIN AQ
 NUVARING

O

OLUX
 OMNICEF
 ONETOUCH STRIPS AND KITS
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
 OVIDREL
 OXYTROL

P

PARNATE
 PATANOL
 PAXIL CR
 PEG-INTRON
 PEGASYS
 PENTASA
 PLAVIX
 PRANDIN
 PRAVACHOL
 PRECOSE
 PREMARIN ORAL
 PREMARIN VAGINAL CREAM
 PREMPHASE
 PREMPRO
 PRENATE ELITE
 PREVACID
 PREVPAC
 PROCTOFOAM-HC
 PROGRAF
 PROMETRIUM
 PROSCAR
 PROTOPIC
 PROVIGIL
 PULMICORT

R

RAPAMUNE
 RAZADYNE
 RAZADYNE ER
 REBETOL
 REBETRON
 REBIF
 RELPAX
 REQUIP
 RESCRIPTOR

Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

QUICK REFERENCE BRAND PRIMARY/PREFERRED DRUG LIST
Generics should be considered the first line of prescribing.

RESTASIS	TRELSTAR
RETIN-A MICRO	TRICOR
RETROVIR	TRILEPTAL
REYATAZ	TRIZIVIR
RHINOCORT AQUA	TRUSOPT
RISPERDAL	TRUVADA
RITALIN LA	
RYTHMOL SR	
S	
SAIZEN	ULTRASE
SANDIMMUNE	ULTRASE MT
SEASONALE	ULTRAVATE
SEREVENT	URSO
SEROQUEL	
SINGULAIR	V
SKELAXIN	VALCYTE
SPIRIVA	VALTREX
STALEVO	VESANOID
STRATTERA	VIAGRA
SUSTIVA	VIDEX
SYNTHROID	VIOKASE
	VIRACEPT
	VIRAMUNE
	VIREAD
	VIVELLE
T	VIVELLE-DOT
TAMIFLU	VOLTAREN OPHTH
TARCEVA	
TARGRETIN CAP	
TARKA	W
TAZORAC	WELCHOL
TEGRETOL XR	WELLBUTRIN XL
TEMODAR	
THEO-24	X
THIOGUANINE	XALATAN
TIKOSYN	XELODA
TOBRADEX	XENICAL
TOPAMAX	XOPENEX
TOPROL-XL	
TRACLEER	
TRANSDERM SCOP	Y
TRAVATAN	YASMIN

QUICK REFERENCE BRAND PRIMARY/PREFERRED DRUG LIST
Generics should be considered the first line of prescribing.

Z
ZADITOR
ZERIT
ZETIA
ZIAGEN
ZITHROMAX
ZOFRAN ORAL
ZOLADEX
ZOLOFT
ZOMIG
ZONEGRAN
ZYPREXA
ZYRTEC [†]
ZYRTEC-D 12 HOUR [†]

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